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	N. BIn case of more than one child at a birth, a SEPARATE RETURN must be made for es	
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AR	BUREAU OF VI	SOARD OF HEALT TAL STATISTICS IFICATE OF BIRTH	H State File No. 388.		
County Kila		State aryon			
District or Township Louis mani or Village					
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$					
City No. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child Allmar	Dean M	gle	If child is not yet named, make supplemental report, as directed.		
to be answered order	4. Twin, triplet or other	6. Legitimate?	7. Date Alex 2 1925		
male births.	5. No., in order of birth.	42-	7. Date of birth Dev Year		
8. FATHER		14.	MOTHER		
Full name Wilby alex and	ur Ingle	Full maiden name	ra Manda Amalong		
9. Residence (Usual place of abode) Miann		15 Residence (Usual place of abode)	Miani aryon		
If non-resident, give place and state.		If non-resident, give	place and state.		
10. Color or race		16 Color or race			
White 11. Age at last birthday 3/ (Years)		White	17. Age at last birthday 14 (Years)		
12. Birthplace (city or place) (State or country) Mio		18. Birthplace (city or pl	(sce) Drs Caherns		
		(State or country)	anjone		
13. Occupation Mill man		19. Occupation			
· · · · · · · · · · · · · · · · · · ·	e Concentration	Nature of industry	Housembe		
20. Number of children of this mother.	(a) Born alive ar		21. Were precautions taken against opin- thalmia neoustorum?		
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive by (c) Stillborn	_	yes		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)					
* When there was no attending physician or midwife, then the father, householder,	Signature		Komelle		
etc., should make this return. A stillborn > child is one that neither breathes nor		-	and		
shows other evidence of life after birth.	40 10 11 11 11 11 11 11 11 11 11 11 11 11		(Physician or midwife).		
Given name added from a supplemental report	Address	man	n whyn		
Month, day, year	يالى	C12 10 31	(E Dum,		
Registrar Registrar					

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